

DISABILITY INDICATOR FORM
Important Information and Instructions

You may complete this form if you would like your police department, fire department, or other emergency agency to know about any disabilities you may have when you call 9 -1-1 in an emergency.

When you call 9-1-1 from your landline phone, the 9-1-1 system automatically displays your name, address and telephone number on the Dispatcher's screen.

At your request, codes will be displayed on the dispatcher's screen that will identify the disability indicators that have been reported for you or someone living with you at your address. These codes will help the dispatcher to communicate with the caller and provide useful information to your responding public safety agency.

The information is confidential and will **only** appear at the dispatcher's location when a 9-1-1 call originates from **your** address.

The information you provide for input to the 9-1-1 system will remain until you request a change or make a request to have it removed.

It is your responsibility to notify your 9-1-1 Center when there is a change in the information described on this form. When there is a change, complete another form and send it to the 9 -1-1 Center.

If the disability indicator form is not completed properly, the information will not be entered into the 9-1-1 system.

When filling out the form, be sure to:

1. Give your telephone number, name, and address
2. Check the box or boxes
3. Sign and date the form
4. Return the form per the instructions below for processing

Any questions should be referred to the Casper Public Safety Communications Center (PSCC) at: 307-235-8278

ALL FORMS SHOULD BE MAILED or DELIVERED TO PSCC at:

Karen Tate
Casper Police Department
201 N David. Casper, WY 82601
or faxed to 307-235-7512.

9-1-1 DISABILITY INDICATOR FORM – Individual Record

The voluntary filing of this document with your 9-1-1 Center will alert public safety officials that an individual residing at your address communicates over the phone by a TTY and/or has a disability that may hinder evacuation or transport, or may not be able to comply. This information is confidential and will **only** appear at the dispatcher's location when a 9-1-1 call originates from **your** address. The information will be communicated to the responding public agency.

Signed: _____ (person with disability or guardian)

Date: _____

Signed: _____ (Public Safety Communications Center Director)

Date: _____

Telephone Number: Area Code (_____) _____

☐ Voice ☐ TTY ☐ Text/SMS (please check preferred method of communication)

Name: _____

Address: _____

City/State/Zip: _____

The following are approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers in responding to an emergency at your address. This list of approved designations may be changed as is necessary and approved by the PSCC director.

Any changes should be communicated to your 9-1-1 Municipal Coordinator promptly.

☐ **“LSS” Life Support System:** Alerts the public safety dispatcher that someone at that address is linked to equipment required to sustain their life.

☐ **“M I” Mobility Impaired:** Alerts the public safety dispatcher that someone at that address is bedridden, uses a wheelchair or has another mobility impairment.

☐ **“B” Blind:** Alerts the public safety dispatcher that someone at that address is legally blind.

☐ **“D H H” Deaf and Hard of Hearing:** Alerts the public safety dispatcher that someone at that address is deaf or hard of hearing.

☐ **“T T Y” Teletypewriter:** Alerts the public safety dispatcher that communication via the telephone with someone at that address may be by TTY.

☐ **“S I” Speech Impaired:** Alerts the public safety dispatcher that someone at that address is speech impaired.

☐ **“C I” Cognitive Impairment:** Alerts the public safety dispatcher that someone at that address has some degree of cognitive disability such as a developmental disability, Alzheimer's disease or other form of dementia.

☐ **PLEASE REMOVE any designation presently displayed.**

☐ **PLEASE CHANGE existing designators to those shown above.**

NOTICE: By initiating this document I understand that I am responsible for notifying my 9-1-1 Center of any changes with regard to the status of the above disability indicator(s). *I understand this information will remain as part of my 9-1-1 record* until such time as I notify my 9-1-1 Center to change or delete the same.